

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042729

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5549

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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230682

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

H. H. Owens MEDICAL CERTIFICATION

FILED NOV 16 1962

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITYLength of stay in 1b
50 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

118 SOUTH WHITE AVE.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
118 SOUTH WHITE AVENUEReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
VERNON A KEITH4. DATE OF DEATH
Month Day Year
OCTOBER 30th 19625. SEX
MALE6. COLOR OR RACE
CAUCASIAN7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
7/12/059. AGE (last birthday)
57IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

SWITCHMAN

10b. KIND OF BUSINESS OR INDUSTRY
MISSOURI PACIFIC
RAILROAD11. BIRTHPLACE (City and state or country)
CHILLICOTHE, MO.12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

JOHN

KEITH

13b. MOTHER'S MAIDEN NAME

FAY

BROWN

14. NAME OF HUSBAND OR WIFE

HARRIETTE

KEITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT
HARRIETTE

KEITH

Address
118 SOUTH WHITE
KANSAS CITY, MO.18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

10.45 P.

and last saw her alive on

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATOR

23d. LOCATION (City, town, or county)

(State)

BURIAL

NOV. 2, 1962

FOREST HILL CEMETERY

KANSAS CITY

MISSOURI

24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.

25. DATE REC'D. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

D.W. Newcomer's Sons, Kansas City, Mo.

11-1-62

Keith Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

DR. HUGH A. H. QUEENS N.D.
152 UNION STREET

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lawson W. Pearson

Licensed Embalmer No.

4889

P. O. Address

Lathrop, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.